

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

4649-62-020304

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 23 1962

VS 300  
Rev. 4/59

1

2

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

St. Louis

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

D.O.A. City Hospital

Length of stay in 1b

Time

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

c. CITY OR TOWN

St. Louis

d. STREET ADDRESS

(If outside, give location)

1404a Papin St

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

ERNEST

Middle

Last

CRAYTON

4. DATE OF DEATH

Month

Day

Year

May

4

1962

5. SEX

Male

6. COLOR OR RACE

Col

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-19-1911

9. AGE (last birthday)

51

IF UNDER 1 YEAR

Months

3

Days

13

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Louis, Mo

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Earl Crayton

13b. MOTHER'S MAIDEN NAME

Beatrice Cross

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

yes

WW # 2

16. SOCIAL SECURITY NO.

17. INFORMANT

Beatrice Fisher 1404a Papin St

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Decaying Labor Pneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

20g. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20h. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20i. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20j. CITY, TOWN, OR LOCATION

COUNTY

STATE

20k. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20l. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20m. CITY, TOWN, OR LOCATION

COUNTY

STATE

20n. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20o. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20p. CITY, TOWN, OR LOCATION

COUNTY

STATE

20q. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

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20s. CITY, TOWN, OR LOCATION

COUNTY

STATE

20t. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20u. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20v. CITY, TOWN, OR LOCATION

COUNTY

STATE

20w. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20x. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20y. CITY, TOWN, OR LOCATION

COUNTY

STATE

22a. SIGNATURE

(Degree or title)

W. L. Taylor, Coroner

22b. ADDRESS

1300 Clark Ave

22c. DATE SIGNED

5-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

5-9-1962

23c. NAME OF CEMETERY OR CREMATORY

National

23d. LOCATION (City, town, or county)

Jefferson Brks

(State)

Mo

24. FUNERAL DIRECTOR

ADDRESS

JAS H. RANDLE & SON 3133 Bell Ave

25. DATE RECD. BY LOCAL REG.

MAY 7 1962

26. REGISTRAR'S SIGNATURE

Lois Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ether H. Harris

Licensed Embalmer No. 4458

P. O. Address 4181 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.